

PRINTED: 09/03/2010
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9502	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - STATE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2010
NAME OF PROVIDER OR SUPPLIER LEBANON HEALTH AND REHABILITATION CE		STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations it was determined the facility failed to maintain physical environment.</p> <p>The findings include:</p> <p>On 9/2/10, at 12:16 p.m. observation within the dietary area revealed, the return air and exhaust fan grilles were dirty. National Fire Protection Association (NFPA) 90A; 90B-4; Tennessee Department of Health (TDOH) 1200-08-06-.08(2)</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview on 9/2/10.</p>	N 832	<p>The Corrective action will be monitored to ensure the alleged deficient practice will not recur:</p> <p>The data collected from the audits will be given to the Administrator for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Dietary Manager, Rehab Manager, Resident Care Management Director, Pharmacist Consultant, Maintenance Supervisor, Social Service Director, Activities Director, and Housekeeping Supervisor. Subsequent plans of correction will be developed and implanted as needed.</p> <p>Completion Date: 09/10/2010</p>	
N 901	<p>1200-8-6-.09(1) Life Safety</p> <p>(1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.</p> <p>This Rule is not met as evidenced by: Based on observations it was determined the facility failed to comply with the applicable</p>	N 901		

Division of Health Care Facilities

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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If continuation sheet 1 of 2

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N 832	1200-8-6-.08(2) Building Standards (2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured. This Rule is not met as evidenced by: Based on observations it was determined the facility failed to maintain physical environment. The findings include: On 9/2/10, at 12:18 p.m. observation within the dietary area revealed, the return air and exhaust fan grilles were dirty. National Fire Protection Association (NFPA) 90A; 90B-4; Tennessee Department of Health (TDOH) 1200-08-06-.08(2) This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview on 9/2/10.	N 832	N832 1200-8-6-.08(2) Building Standards The facility will ensure the conditions of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured. The following corrective actions have been taken: The return air and exhaust fan grilles in the dietary area were all cleaned and repainted on September 7 th 2010. Residents with the potential to be affected by the alleged deficient practice will be identified: Other areas in the facility were checked to ensure return air and exhaust grills were clean. Measures put in place to ensure that the alleged deficient practices does not recur include: The Maintenance Supervisor will conduct random inspection to ensure compliance	
N 901	1200-8-6-.09(1) Life Safety (1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations. This Rule is not met as evidenced by: Based on observations it was determined the facility failed to comply with the applicable	N 901		

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N 901	Continued From page 1 building and fire safety regulations as required. The findings include: On 9/2/10, at 12:00 p.m. observation within the boiler room area revealed the hot water tank was leaking. Tennessee Department of Health (TDOH) 1200-08-06-.09(1) This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview on 9/2/10.	N 901	N901 1200-8-6-.09(1) Life Safety The facility will ensure that we are in compliance with required applicable building and fire safety regulations at the time the board adopts new codes or regulations. The following corrective actions have been taken: AirPro inspected the hot water tank in the boiler room that was leaking on September 3 rd 2010. It was determined the circulation pump needed to be replace due broken seal. The pump was ordered on September 16 2010. Residents with the potential to be affected by the alleged deficient practice will be identified: Other areas of the facility were inspected to ensure compliance with building and fire safety regulations as required. Measures put in place to ensure that the alleged deficient practices does not recur include: The Maintenance Supervisor will conduct random inspection to ensure compliance with building and fire safety regulations.		

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N 901	<p>Continued From page 1</p> <p>building and fire safety regulations as required.</p> <p>The findings include:</p> <p>On 9/2/10, at 12:00 p.m. observation within the boiler room area revealed the hot water tank was leaking. Tennessee Department of Health (TDOH) 1200-08-06-.09(1)</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview on 9/2/10.</p>	N 901	<p>The Corrective action will be monitored to ensure the alleged deficient practice will not recur:</p> <p>The data collected from the audits will be given to the Administrator for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Dietary Manager, Rehab Manager, Resident Care Management Director, Pharmacist Consultant, Maintenance Supervisor, Social Service Director, Activities Director, and Housekeeping Supervisor. Subsequent plans of correction will be developed and implanted as needed.</p> <p>Completion Date: 10/05/2010</p>		

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